

## **Attachment 6**

### **Business Declaration Form**

**Relocate Doppler VOR/DME, Ft Lauderdale, Florida**  
**SIR/RFP/RFO Number: DTFAEN-12-R-00075**



## **BUSINESS DECLARATION**

Tax Identification No.:

1. Name of Firm: \_\_\_\_\_
2. Address of Firm: \_\_\_\_\_
3. Telephone Number of Firm: \_\_\_\_\_
4. a. Name of Person Making Declaration \_\_\_\_\_
- b. Telephone Number of Person Making Declaration \_\_\_\_\_
- c. Position Held in the Company \_\_\_\_\_
5. Controlling Interest in Company (*"X" all appropriate boxes*)
- ☐ a. Black American    ☐ b. Hispanic American    ☐ c. Native American    ☐ d. Asian American
- ☐ e. Other Minority (Specify) \_\_\_\_\_    ☐ f. Other (Specify) \_\_\_\_\_
- ☐ g. Female    ☐ h. Male    ☐ i. 8(a) Certified (Certification letter attached)    ☐ j. Service Disabled Veteran Small Business
6. Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- ☐ a. Yes    ☐ b. No    (*If "NO," provide the name and telephone number of the person who has this authority.*) \_\_\_\_\_
7. Nature of Business (Specify major services/products (NAIC)) \_\_\_\_\_
8. (a) Years the firm has been in business: \_\_\_\_\_ (b) No. of Employees \_\_\_\_\_
9. Type of Ownership:    ☐ a. Sole Ownership    ☐ b. Partnership
- ☐ c. Other (Explain) \_\_\_\_\_
10. Gross receipts of the firm for the last three years:
- |                         |                           |                         |                           |
|-------------------------|---------------------------|-------------------------|---------------------------|
| a.2. Year Ending: _____ | b.2. Gross Receipts _____ | a.1. Year Ending: _____ | b.1. Gross Receipts _____ |
| a.3. Year Ending: _____ | b.3. Gross Receipts _____ | a.3. Year Ending: _____ | b.3. Gross Receipts _____ |
11. Is the firm a small business?    ☐ a. Yes    ☐ b. No

***I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING \_\_\_\_\_  
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.  
I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS  
OF 18 USCS 1001.***

12. a. Signature \_\_\_\_\_ b. Date: \_\_\_\_\_
- c. Typed Name \_\_\_\_\_ d. Title: \_\_\_\_\_